

(pplication No. (if known): 10/789,458

Attorney Docket No.: 15115/107001

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Reply under 37 C.F.R. 1.116 (to Office Action dated 01/13/06) 11 pages Amendment Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a)

(1 page)

Fee Transmittal (1 page)

Payment by credit card. Form PTO-2038 is attached (1 page)

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PTO/SB/17 (01-06)

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- 14	/ 						
'n	Fees pursuant to the Consolidated Appropria	itions Act, 2005 (H.R. 4818).			nplete if Know		
§ /	FEE TRANSM	ΛΙΤΤΔΙ	Application Nur	nber	10/789,458-Cd	onf. #5178	8
			Filing Date		February 27, 2	2004	
	For FY 200)6	First Named Inv	entor	Makoto_Ohhira	1	
			Examiner Name		P. Vu		
	Applicant claims small entity status	. See 37 CFR 1.27	Art Unit		2871		
	TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket	No.	15115/107001		
1	METHOD OF PAYMENT (check al	l that apply)			- -		
	Check X Credit Card	Money Order No	one Other	(please iden	tify):		
	X Deposit Account Deposit Account Nu	mber: 50-0591 Deposit Ac	count Name:		Osha · Liang I	LLP	
	For the above-identified deposi	it account, the Director i	s hereby authorize	ed to: (ched	ck all that apply)		
1	Charge fee(s) indicated b	elow	Charg	e fee(s) ind	dicated below, e	xcept for 1	the filing fee
ı	Charge any additional fee		x Credit	any overpa	ayments		
١	FEE CALCULATION (All the fees		n filing or may	be subje	ct to a surcha	arge.)	
١	1. BASIC FILING, SEARCH, AND EXA		<u> </u>				
1	FILM		ARCH FEES	EXAMIN	NATION FEES		
-	Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos	Paid (\$)
ı	Utility 300	150 500		200	100		<u>, ala (4)</u>
١	Design 200	100 100		130	65		
١	Plant 200	100 300		160	80		
	Reissue 300	150 500		600	300		
ı	Provisional 200	100 0	0	0	0		
ı	2. EXCESS CLAIM FEES						Small Entity
١	Fee Description					Fee (\$)	Fee (\$)
	Each claim over 20 (including Reissue	-				50	25
ļ	Each independent claim over 3 (includ	ing Reissues)				200	100
	Multiple dependent claims					360	180
	Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)		ultiple Depende		
	HP = highest numer of total claims paid for, if g	rester than 20		<u>Fe</u>	<u>e (\$)</u> <u> </u>	Fee Paid (<u>\$)</u>
	Indep. Claims Extra Claims	•	Paid (\$)	. —			_
١	4 -7= x	= 100 (4)	1 414 (4)				
١	HP = highest numer of independent claims paid	d for, if greater than 3.					
۱	3. APPLICATION SIZE FEE						
1	If the specification and drawings exce						
1	listings under 37 CFR 1.52(e)), the			or small er	ntity) for each ac	ditional 5	0
-	sheets or fraction thereof. See 35				f Foo (8)	Faa	Daid (A)
	Total Sheets - 100 =	/50	additional 50 or frac round up to a who			<u> </u>	<u>Paid (\$)</u>
ı	4. OTHER FEE(S)		_ (round up to a wind	ne number,	^	Fees	Paid (\$)
١	Non-English Specification, \$130 f	ee (no small entity disc	count)			1000	T did (V)
	Other (e.g., late filing surcharge):	•	-	st month		12	20.00
ř	SUBMITTED BY						
- 1	-1-1-62	45,079	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 22	8-8600
ŀ	Name (Print/Type) Jonathan P. Osha				Date	May 11	

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1 11	DMENT 1	ransmi	TTAL LE	TTER	Docket No.
Application				Examiner	15115/107001 Art Ur
10/789,458-Co		Filing February :		P. Vu	287
pplicant(s): Mak			<u>'</u>		
Invention: REFLE	CTOR. DISPLA	AY DEVICE. A	ND ELECTR	ONIC APPARATU	 S
		THE COMMI			
Transmitted herev	with is an amer	ndment in the	above-identifi	ed application.	
The fee has been	calculated and	d is transmitte	d as shown b	elow.	
		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =		X	
Independent Claims	4	- 3 =		x	
Multiple Depende	ont Claime (cho	ck if applicable	o		
TOTAL ADDITION	ONAL FEE FO	OR THIS AME	NDMENT:		120.00
x Large Entity				Small Entity	,
No additional	I fee is required	d for this ame	ndment.		
	e Deposit Acc			the amount of \$	·
A check in the	e amount of \$		to cover	the filing fee is end	losed.
=	credit card. Fo			-	
x Payment by c					
	is hereby auth	orized to char	ge and credit	Deposit Account N	lo. 50-0591
X The Director	is hereby auth below. A dup			Deposit Account Neclosed.	lo. <u>50-0591</u>
X The Director as described		licate copy of			lo. 50-0591
X The Director as described X Credit an	below. A dup ny overpaymen	licate copy of t	this sheet is e	enclosed.	
X The Director as described X Credit an	below. A dup ny overpaymen	licate copy of t	this sheet is e	enclosed.	37 CFR 1.16 and 1.1
X The Director as described X Credit an	below. A duply overpayment of the second sec	licate copy of t. It. It. It. It. It. It. It.	this sheet is e	enclosed.	